



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/169454

PRELIMINARY RECITALS

Pursuant to a petition filed October 15, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Walworth County Department of Human Services in regard to Medical Assistance, a hearing was held on January 27, 2016, at Elkhorn, Wisconsin.

The issue for determination is whether Petitioner can be qualify for BadgerCare+/MA eligibility for the months of January, February and March 2014.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED] [REDACTED]

Walworth County Department of Human Services
W4051 County Rd NN
Elkhorn, WI 53121-1006

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Walworth County.
2. Petitioner filed his appeal to see if there is a way to have BadgerCare+/ Medicaid coverage during a three-month period of ineligibility for BadgerCare+. This was the time from January 2014 through March 2014.

3. Petitioner received BadgerCare+ medical coverage through December 2013. At that time he turned age 19 and his BadgerCare+ was discontinued.
4. Petitioner applied for BadgerCare+ as a childless adult and this application was approved as of the start of childless adult BadgerCare+ on April 1, 2014.
5. Petitioner had been using a CPAP machine as a rental. When he lost in insurance coverage he could not afford it so returned it to the provider. He has now been billed for the machine for January through March 2014. He estimates the cost at approximately \$1100.00.

DISCUSSION

Currently, and in late 2013 and early 2014, to be eligible for Medical Assistance an individual must meet nonfinancial eligibility criteria that include the threshold requirement that a person be elderly, blind, or disabled. See *Medicaid Eligibility Handbook*, § 4.1. Elderly is defined as one who is over age 65. *Id.*, §5.1. Disabled means that a person has been determined by the Disability Determination Bureau to have a disability or is receiving Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). See *Medicaid Eligibility Handbook*, §5.2.

As of April 1, 2014, childless adult BadgerCare+ became effective. Prior to that, to be eligible for BadgerCare+ an individual had to meet nonfinancial eligibility criteria. Those requirements were detailed in the *BadgerCare + Eligibility Handbook at §2.1, Release # 14-03*, and those threshold requirements are as follows:

1. Children under 19.
2. Pregnant Women.
3. Parents/Caretakers of children under 19 years of age, including some parents and caretakers whose children have been removed from the home and are in the care of the child welfare system.
4. Young adults exiting out of home care (such as foster care).

Given the above overview of the Medicaid health insurance program in Wisconsin as of early 2014, there was no coverage for Petitioner and the Division of Hearings and Appeals cannot ignore program eligibility criteria or create new means of coverage.

I did, however, do some checking to see what Medicaid would pay for a CPAP rental. The procedure code is E0601 and the daily rate is \$3.91 per day (so 90 days would be about \$360.00). There may be other factors that I am not aware of but Petitioner might see if he could negotiate with the provider for a payment rate closer to the Medicaid rate than the private pay rate.

CONCLUSIONS OF LAW

That Petitioner did not meet eligibility criteria for BadgerCare+ or Medicaid coverage in Wisconsin during the period of January – March 2014.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 17th day of February, 2016

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on February 17, 2016.

Walworth County Department of Human Services
Division of Health Care Access and Accountability